



# State of Indiana

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## Section 125

### Medical Care Flexible Spending Account\*

### Employee Enrollment Information Packet

**PLAN YEAR: JANUARY 1, 2011 - DECEMBER 31, 2011**

\* - Restricted to Approved FSA-Eligible Expenses



Key Benefit Administrators - FlexPro

P.O. Box 55210 Indianapolis, IN 46205

800-558-5553 \* 317-284-7150

Fax: 866-241-1488 \* 317-284-7269

## **Information You Will Find in This Packet**

The information in this packet will help you decide if this benefit is right for you. A Flexible Benefit Plan for Health Care expenses and Dependent Care expenses can provide you and your family with more take home pay to help with these expenses.

- What is KBA-FlexPro?
- Is A Medical Care Flexible Spending Account Right For You?
- Plan Specifics Page
- What Type of Expenses Are Eligible?
- Over-The-Counter Medicine Reimbursement “CHANGES”
- Benefits Payment System (BPS) Benefits Card (Flex Card) and Claims Procedure
- How Flex Works and How Much You Can Save
- Flexible Spending Accounts Frequently Asked Questions
- Claim Form
- Spouse/Dependent Debit Card Request Form
- Direct Deposit Form

## **Your Online Account Has Been Made Easy**

Your Flexible Benefit online account has been updated with a number of new features. If you have not already set up your online account, go to [www.benefitspaymentsystem.com](http://www.benefitspaymentsystem.com) and set up your account today. Your online account may be used to communicate and submit information to KBA with the following tools:

- Update Your Address
- Update Your Email Address
- Submit Receipts for Flex Card Purchases
- Submit a Request for Claim Reimbursement
- Order a New Flex Card
- Review Pending Claims
- Review Claim Payment Status from Uploaded Claims
- And More.....

Please note: Many of these new features include an event-based notification that will email you once your change is made or a claim is submitted.

# What is KBA FlexPro?

**FlexPro™** is a Flexible Benefits (Cafeteria) Plan that is approved under Section 125 of the Internal Revenue Code. It enables you to pay for certain expenses with pre-tax dollars.

**Optional Benefits:** (Some or all of the these benefits may be offered by the State of Indiana)

**Employee Paid Insurance Premiums – Tax Saver** — This account automatically allows you to pay for your portion of some insurance premiums with tax-free dollars. **This is automatic for all State Employees.**

**Medical Care Flexible Spending Account (FSA)** — Medical Care costs include medical, dental, vision and hearing expenses that are not paid by insurance and other “out-of-pocket” expenses. These expenses must be incurred within the plan year. These expenses may include, but are not limited to: expenses for medical plan co-payments, deductibles, prescriptions, physician visits, chiropractic care, vision, dental/orthodontia care, and eligible over-the-counter items.

**Beginning January 1, 2011, the cost of OVER-THE-COUNTER MEDICINES MAY NOT be reimbursed through a Health FSA, unless the medicine is prescribed by a physician. See “Over-the-Counter Medicine Reimbursement “CHANGES”” for additional details.**

## Is a Medical Care Flexible Spending Account Right For You?

	YES	NO
Do you have out-of-pocket costs associated with the State’s medical plan? (i.e. co-payments, deductibles, co-insurance)	<input type="checkbox"/>	<input type="checkbox"/>
Do you have other out-of-pocket medical care expenses not covered by insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have out-of-pocket dental expenses? (i.e. cleanings, fillings, orthodontia, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Do you have out-of-pocket vision expenses? (i.e. exams, glasses, contact lenses, LASIK, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

If you answered **YES** to any of these questions, you can reduce the taxes that you pay by participating in your employer sponsored Flexible Benefits Plan, **FlexPro**, and therefore **increase your take home pay!**





## State of Indiana

### Medical Care Flexible Spending Account Plan Specifics

**PLAN YEAR:**  
**Plan Options:**

**01/01/11 - 12/31/11**  
**Plan Maximums:**

Medical Care FSA Plan Option

\$ 5,000.00

#### Eligibility Requirements:

**Participation in the Medical Care FSA  
Plan Option by New Hires:**

Upon eligibility

**Participation After Termination In The  
Medical Care FSA Plan Option:**

Terminated employees will be allowed 0 days past termination of employment to incur expenses and an additional 30 days to submit expenses.

**Claims Submission:**

Claims may be submitted as needed because daily payouts occur for State participants.

**Orthodontia Services:**

At the time services begin, the initial down payment may be reimbursed. The remaining balance may only be reimbursed according to the monthly payment structure outlined in the Orthodontia contract. A copy of the Orthodontic contract needs to be provided to KBA at time of reimbursement

**Grace Period:**

The Grace Period will allow expenses incurred within the first 74 days of this Plan Year to be reimbursed from your previous Plan Year if a balance remains in that account. Claims may be incurred through the end of the Grace Period, March 15<sup>th</sup>, each plan year and submitted via the claim form no later than 90 days after the end of the Grace Period, June 15<sup>th</sup>, each plan year.

**Claims Submitted After the End  
Of the Plan Year:**

Claims incurred prior to the end of the plan year and subsequent grace period must be submitted no later than 90 days after the expiration of the grace period on June 15<sup>th</sup>.

**Status Change Notification  
Time Frame:**

Status changes must be submitted within 30 days of the Qualifying Event

# What Type of Expenses Are Eligible?

## Medical Care FSA Expenses

The following list, while **not intended to be complete**, illustrates expenses that **may** be reimbursed under the Medical Care Flexible Spending Account: Restrictions may apply.

### I. ELIGIBLE DENTAL & VISION EXPENSES

#### DENTAL EXPENSES

- Routine & Preventive Services
- X-rays
- Orthodontia (*A treatment plan may be required*) (see Plan Specifics page for your Plan's orthodontia guidelines)
- Restorative services, fillings, extractions, dentures

#### VISION CARE EXPENSES

- Eye exams
- Prescription eyeglasses & sunglasses
- Contact lenses & supplies
- Corrective surgery (*RK & LASIK*)

### II. ELIGIBLE MEDICAL CARE EXPENSES

#### MEDICALLY NECESSARY EQUIPMENT

- Wheelchair, crutches & lifts
- Oxygen equipment & supplies
- Blood pressure monitor

#### DIABETIC SUPPLIES

- Insulin
- Test strips, lancets, etc.
- Glucose monitor

#### PHYSICAL EXAMINATIONS

- Annual physical exam (*including prostate screening, pap smears & mammograms*)
- School & work physicals

#### COUNSELING & PSYCHIATRIC TREATMENT

(*Prescribed by a doctor to treat a medical condition.*)

*Statement required from the doctor. See Marriage/Family Counseling)*

- Psychologists
- Psychotherapists
- Psychiatrists

#### FEES & SERVICES

- Physicians, surgeons, anesthesiologists, OB/GYN
- Ambulance
- Nursing (*including room & board*)
- Chiropractic service

- Fertility treatment
- Sterilization & reversals
- Medically necessary reconstructive services (*i.e. mastectomy or following an accident*)
- Hospital expenses

#### HEARING EXPENSES

- Testing
- Hearing aids
- Batteries & repairs

#### OTHER EXPENSES

- Prosthesis & artificial limbs
- Organ tissue donation expenses
- Tuition at special school for handicapped
- Travel necessary to seek medical treatment (*limitations apply*)
- Orthotics & orthopedic shoes (*medically necessary*)
- Laboratory fees
- Acupuncture
- Alcohol & drug rehabilitation expenses
- Special equipment for those who are deaf and/or blind (*i.e. Braille books, hearing devices, guide dogs*)
- Weight loss programs and drugs (*ONLY when prescribed by a doctor to treat obesity and/or a specific medical condition – statement required from the doctor*)
- Medical supplies
- Therapy treatments (*when prescribed by a doctor*)

### III. INELIGIBLE EXPENSES

- Cosmetic treatments or surgery (*unless necessary to alleviate a deformity related to a congenital abnormality, trauma, or disfiguring disease*)
- Expenses (*treatments and drugs*) only to improve your general health or well being
- Hair replacement treatments and drugs
- Health club dues
- Long Term Care Insurance
- Marriage & family counseling
- Nutritional supplements/vitamins
- Teeth whitening, toothbrush
- Vacations
- Vitamins to improve or to preserve general health (*even when prescribed by a doctor*)



# Over-the-Counter Drug Reimbursements “CHANGES”

## BEGINNING JANUARY 1, 2011

\*Under the provision of the new bill HR 3590, the **cost of over-the-counter medicines may not be reimbursed** through a Health FSA, HRA, HSA, ***unless the medicine is prescribed by a physician.*** The new bill *does not apply to items that are not medicines, including equipment such as crutches, supplies such as bandages, and diagnostic devices such as blood sugar test kits.* Such items may qualify as medical care if they otherwise meet the definition in § 213(d). Code §213(d) defines “medical care” to include amounts paid “for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body.” Items merely beneficial to your general health such as dietary, nutritional supplements, vitamins, toothpaste, etc. are not eligible.

### Examples of Eligible Expenses

(The following list, while not intended to be complete, illustrates some over-the-counter expenses that may be reimbursed under the Health Care FSA; some restrictions may apply and may require a letter of medical necessity from a physician. Subject to additional guidance from the IRS.)

Eligible Expense	Requires a prescription from physician (after December 31, 2010)
Band-Aids/Bandages	Allergy Medicine
Carpal Tunnel Wrist Supports	Antacids
Cold/Hot Packs for Injuries	Anti-diarrhea Medicine
Condoms	Bug Bite Medication(oral)
Contact Lens Cleaning Solution	Calamine Lotion
First Aid Kits	Cold Medicines
Incontinence Supplies	Cough Drops
Insulin	Diaper Rash Ointments
Pregnancy Test Kits	First Aid Cream
Reading Glasses	Hemorrhoid Medication
Rubbing Alcohol	Laxatives
Thermometers (ear or mouth)	Liquid Adhesive for Small Cuts
	Menstrual Cycle Products for pain and cramp relief
	Nasal Sinus Sprays or Strips
	Nicotine Gym or patches for Stop-Smoking Purpose
	Pain Reliever
	Pedialyte for Ill Child's Dehydration
	Products for Muscle Pain or Joint Pain, i.e. Ben Gay, Tiger Balm, etc.
	Sinus Medications
	Sleeping Aids used to treat occasional Insomnia
	Special Ointment or Cream for Sunburn
	Spermicidal Foam
	Throat Lozenges
	Wart remover treatments



Key Benefit Administrators P.O. Box 55210 Indianapolis, IN 46205 800-558-5553

## Benefits Payment Card (BPS) Benefits Card (Flex Card) and Claims Procedures

You may use your BPS Benefits Card (Flex Card) for eligible FSA expenses such as co-pays, deductibles, out-of-pocket expenses, and other expenses that are not eligible under your medical, dental or vision plan but are eligible FSA expenses.

### 1. What is the BPS Benefits Card?

The BPS Benefits Card (Flex Card) is a MasterCard offered to enhance your Flexible Spending Account by providing instant access to your FSA account. The card is designed for use only at qualified providers or merchants that accept MasterCard and offer eligible goods or services for reimbursement under your Flexible Spending Account. Rather than paying out-of-pocket money for qualified expenses and waiting for reimbursement, your Flex Card transfers funds for qualified expenses directly from your available funds in your Flexible Spending Account to the provider. As a Flexible Spending Account participant, a Flex Card will be mailed to your home address.



### 2. How does the Flex Card work?

The Flex Card is a debit card that allows you to pay for your eligible FSA expenses directly at the point-of-service. The Flex Card is treated like a credit card at a merchant or provider terminal because it does not require a P.I.N. number before processing a transaction. There is no additional line of credit associated with the card, and no credit check will be performed.

### 3. EFFECTIVE JANUARY 1, 2011, OVER-THE-COUNTER MEDICINES

**SIGNIFICANT CHANGE**

***The cost of Over-The-Counter medicines may not be reimbursed through a Medical FSA, HRA, HSA, unless the medicine is prescribed by a physician.*** The new bill *does not apply to items that are not medicines, including equipment such as crutches, supplies such as bandages, and diagnostic devices such as blood sugar test kits.* Such items may qualify as medical care if they otherwise meet the definition in §213(d). Code §213(d) defines 'medical care' to include amounts paid "for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body." Additionally, the debit card will not work on OTC items that need a prescription from a physician.

### 4. EFFECTIVE JANUARY 1, 2011

**Retail merchants including Grocery Store, Discount Retail Stores, Pharmacies and Mail Order Pharmacies**



**Certified Grocery Stores, Discount Retail Stores, Mail Order Pharmacies and Retail Pharmacy Merchants.** Revenue Ruling 2006-69 and 2007-2 requires all Grocery Stores, Discount Retail Stores, Mail Order Pharmacies and Retail Pharmacies to be compliant with an Inventory Information Approval System (IIAS) and be certified as compliant. The implementation of the IIAS will allow expenses that qualifies as eligible purchases outlined in Code Section 213(d) to automatically be approved at the point-of-purchase. ***Effective January 1 2011, a prescription will be required for Over-The-Counter Medicines.*** Recognizing that significant changes will be needed to existing debit card systems as a result of the new restriction, the guidance provides that "the IRS will not challenge the use of health FSA and HRA debit cards for expenses incurred through January 15, 2011," so long as the existing IRS debit card rules are met.

#### Approved items at the Point-of-Sale By the IIAS Certified Merchant:

- Only Eligible Items are authorized at the point-of-sale against your available account balance in your Flexible Spending Account.
- Purchases automatically approved at the point-of-purchase will not require substantiation.

*Note: In the event of an IRS audit, the participant should retain copies of all receipts for their records.*

#### Non-Approved items at the Point-of-Sale By the IIAS Certified Merchant:

- Ineligible items will be denied at the point-of-sale. An alternate method of payment will be required for the purchase. Purchase made with an alternative method of payment may be made at a Non-Certified IIAS Retail Merchant and be reimbursed by Key Benefit Administrators - Flexpro by submitting a completed claim form. See Substantiation Requirements.



*Note: Cash register receipts or credit card receipts are ineligible unless the receipt includes the information outlined under the Substantiation Requirements.*

## 5. 90% Rule Merchant.

A second option for pharmacies and mail order pharmacies is to register as a 90% Rule Merchant. They must register each year. On a store-location-by-store-location, pharmacies and mail order pharmacies with 90% of the store's gross receipts during the prior taxable year consisting of items that qualify as medical expenses may be registered as a 90% Merchant. The regulations would then permit the use of the healthcare benefits card at these merchants. The participant may still be required to substantiate their purchase for transactions at a registered 90% Rule Merchant.

We hope this enhancement for healthcare benefits card use will provide additional ease for the participant whom these merchants serve. If you have additional questions, contact a Flexpro Customer Care Representative at 800-558-5553.

## 6. Substantiation Requirements

- a. Substantiation Request** – In order to confirm the eligibility of all expenses charged to your Flex Card, you may be asked to provide supporting information about your purchase. *KBA-FlexPro* follows the IRS-defined Flexible Spending Account Flex Card audit guidelines.

Although the Flex Card provides direct access to your FSA dollars, it may not eliminate the need for your KBA-FlexPro Administrator to verify the eligibility of the item(s) purchased as requested by the IRS.

The following substantiation criteria may be required.

### Substantiation Requirements

**Name of Patient**

**Date of Service or purchase**

**Name of Provider or Merchant**

**Type of Service or Supply**

**Amount of Service or Supply**

**Copy of prescription for Over-The-Counter medicines**

*Note: Cash register receipts or credit card receipts are ineligible unless the receipt includes the information outlines under the Substantiation Requirements*

**IMPORTANT UPDATE: EFFECTIVE JANUARY 1, 2011** The cost of *Over-The-Counter medicines* may not be reimbursed with a Health FSA, HRA, HSA, unless the medicine is prescribed by a physician.

- b. Ineligible Expenses** — Should your transaction detail reflect your Flex Card purchase was for ineligible expenses, or if the necessary documentation was not provided to the Plan Administrator in a timely manner, the transaction will be considered 'denied/ineligible' and you must reimburse *KBA-FlexPro* for the amount charged to the Flex Card. Your Flex Card will be temporarily deactivated if reimbursement is not made immediately.

## 8. Where can I view my Flexible Spending Account history?

Go to **www.benefitspaymentsystem.com**. After following the instructions to 'Create Account,' you will be able to check on your current account balance, request statements on demand, and review your detailed transaction history.





## How Flex Works and How Much Can You Save?

This illustration demonstrates how a participating employee might save \$780 in taxes during the Plan Year by paying for expenses with pre-tax dollars.

Please Note: This example is for illustrative purposes only.

	Without Flex	With Flex
- Annual Income	\$ 30,000	\$ 30,000
- Out-of-Pocket *Pre-Tax Expenses	\$ 0,000	\$ 3,000
- Remaining Income To Be Taxed	\$ 30,000	\$ 27,000
- Estimated Taxes (26%) FICA, Federal & State **	\$ 7,800	\$ 7,020
- Out-of-Pocket After-Tax Expenses	\$ 3,000	\$ 0,000
- Take Home Pay	\$ 19,200	\$ 19,980
<b>YOUR ANNUAL TAX SAVINGS</b>	<b>\$ 0</b>	<b>\$ 780</b>

Use the following worksheet to figure **how much you can save** by participating in a Flexible Benefit Plan.

### I. Medical Care Expenses

Estimated family annual medical/dental/vision expenses **not covered** by insurance:

Co-pays, deductibles, co-insurance	\$ _____
Prescription drugs	\$ _____
Over-the-counter drugs/medicines <i>Prescribed by a physician</i>	\$ _____
Doctor office visits	\$ _____
Physical exams	\$ _____
Well-baby care	
Chiropractic care	\$ _____
Dental care	\$ _____
Orthodontia	\$ _____
Vision Exams	\$ _____
Eyeglasses, Contact lenses, solution	\$ _____
Insulin and related supplies	\$ _____
Hearing care	\$ _____
Other Medical Expenses	\$ _____

Total Annual Medical, Dental, Vision Expenses: \$ \_\_\_\_\_

Multiply by an estimated tax savings of 26% x 26%

Your Estimated Annual Tax Savings: \$ \_\_\_\_\_

More take home money to pay for those eligible expenses.

## Frequently Asked Questions

### Who can participate in the Plan?

All employees who have met the eligibility requirements established by the State of Indiana may participate in the Plan.

### How do I sign up?

Enroll using People Soft self service by Monday following pay period in which you were hired or during open enrollment.

### How do I determine how much money to allocate?

Be conservative! Only consider your known expenses. Do not allow for things that might happen. A list of eligible expenses and a worksheet are provided to help you calculate your expenses for the upcoming plan year.

### Are there limits?

The maximum annual family amount for the Medical Care FSA is \$5,000.

### I went to the doctor before the plan year began, but I did not pay the expense until after the plan year started. May I include that expense?

No. Services must be incurred within the plan year. The date of payment does not matter.

### Can I change my annual allocation anytime during the Plan Year?

You may change your annual allocation if you have one of the eligible status changes as defined in the State's Plan. Examples of qualifying changes in status are marriage or divorce, death of a spouse or dependent, birth or adoption of a child, and change in your employment or in your spouse's employment. Status changes must be consistent with the status change event. Please consult your Summary Plan Description for complete details.

### What happens if I do not use all of my annual allocation?

The IRS has established a "use it or lose it rule." If you do not use all of your annual allocation, you will forfeit any remaining amount. For example, if you allocate \$500 and only submit \$450 in expenses, you will lose the \$50 (not just the taxes.) So, please be conservative when you determine your annual allocation.

### What expenses are eligible under the Flex Plan?

A list of eligible and ineligible expenses as well as a list of over-the-counter items previously listed. Please pay special attention to the orthodontia claims submission requirements for your Plan which are listed on the Plan Specifics page.

### Does my plan include a Grace Period?

The IRS has a regulation governing Section 125 Flexible Spending Plans. It allows the State to extend the deadline for participants to *incur* claims for their Flex Plan (medical and dependent daycare) after the end of the plan year (12/31), into the new plan year for **74** days. For employees re-enrolling their current plan year forward to the next, the debit card has been adjusted to utilize leftover dollars first from the old plan year. If the participant does not re-enroll, then Paper claims to access the previous year money must be submitted no later than 90 days after the end of the Grace Period; the debit card will not work past December 31st.

### Will I receive information throughout the year telling me where I stand on my account?

Yes, you will receive periodic reports showing what has been credited to your account. You may also access your personal account on-line at any time, at: <https://www.benefitspaymentsystem.com>.

### What happens if I terminate my employment?

Termination from employment ends eligibility. Terminated employees will be allowed 0 days past termination of employment to incur expenses and an additional 30 days to submit expenses and no later than June 15<sup>th</sup>. Also, you may be eligible to continue coverage under the Medical Care FSA option through federal COBRA regulations.

### How do I submit a claim for reimbursement?

Copies of receipts for Medical Care FSA expenses must be submitted with a signed claim form. The receipts must be independent third party receipts showing the name of the provider, the date of service, the type of service, the amount of the service and the patient's name. If your insurance company covers the expense, please submit the receipt to the insurance company first. You may then forward a copy of the Explanation of Benefits from the insurance company along with the signed claim form to FlexPro™. Cancelled checks are not eligible as receipts for Medical Care FSA expenses. The total amount of reimbursement you selected for the Plan Year will be available at all times during the Plan Year.

Claim forms, including detailed receipts/invoices, may be sent for processing via:

Fax to: (317) 284-7269 or (866) 241-1488

Email to: [FlexPro@keybenefit.com](mailto:FlexPro@keybenefit.com)

Mail to: Key Benefit Administrators – FlexPro

PO Box 55210

Indianapolis, IN 46205

If you have not already set up your online account, go to [www.benefitspaymentsystem.com](http://www.benefitspaymentsystem.com) and do it today! Your request for reimbursement may be uploaded to your personal online account. Your claim(s) will then be processed. Claim forms, including detailed receipts/invoices, may be faxed for processing to (317) 284-7269 or (866) 241-1488, or e-mailed to [FlexPro@keybenefit.com](mailto:FlexPro@keybenefit.com).

### Will my participation in the Flex Plan affect my Social Security?

You will not pay Social Security taxes on the money you contribute to the Flex Plan. Therefore, your future Social Security benefits may be slightly reduced. However, the tax savings you receive from this plan should be more than any reduction in your Social Security benefits.

### How do I submit expenses, if I have money left from the previous year?

State employees will utilize a signed claim form and corresponding third-party substantiation, if necessary, to access the previous year's money. Debit Cards will be re-loaded with the new year plan dollars on January 1st, and previous year plan dollars will not be available except through the paper claims process.

See the **Plan Specifics** provided to the State for employee's additional answers to questions and further clarification.

### Over-The-Counter Medicines or Drugs

Effective January 1, 2011, *over-the-counter medicines may not be reimbursed* through a FSA, HRA, or HSA, unless the medicine is prescribed by a physician. The new bill *does not apply to items that are not medicines, including equipment such as crutches, supplies such as bandages, and diagnostic devices such as blood sugar test kits*. Such items may qualify as medical care if they otherwise meet the definition in § 213(d).





State of Indiana – 580

**FLEXIBLE BENEFIT PLAN CLAIM FORM**

THIS SIGNED FORM MUST ACCOMPANY EACH GROUP OF RECEIPTS SUBMITTED

Employee Name: \_\_\_\_\_ ID or SSN Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number & Street City State Zip Code☐ Please check if new address

Daytime Phone Number: \_\_\_\_\_ Number of pages: \_\_\_\_\_

*To the best of my knowledge and belief, my statement in this Request for Reimbursement is complete and true. I am claiming reimbursement only for eligible expenses with the date of service incurred by me, my spouse, or my qualified dependent(s) during the applicable plan year. I certify that these expenses have not been reimbursed by any other source, nor will any reimbursement be sought from any other source. By signing and submitting a Dependent Care Reimbursement Request, I am certifying that expenses for which I request reimbursement satisfy all dependent care guidelines. I and my spouse, where applicable, are gainfully employed or a full-time student and not on leave. In accordance with the Flex Benefit Plan, I authorize my Flexible Spending Account(s) to be reduced by the amount requested.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature Required

**IMPORTANT:** Your request for reimbursement may be submitted from your personal online account. This form is not required when you submit your claim from your personal online account. If you have not already set up your online account, go to [www.benefitspaymentsystem.com](http://www.benefitspaymentsystem.com) and set up your account today.

**Medical Care Expenses:**

Expenses that may be covered by your (or your spouse's) medical, dental or vision plan must first be submitted to the appropriate insurance carrier. The Explanation of Benefits (EOB) you receive from your insurance carrier may then be submitted to Key Benefit Administrators - FlexPro as a qualifying receipt towards your FSA Plan. Medical care receipts must be from an independent third party and must include the Name of the Patient, Name of the Provider, Type and date of Service or Supply provided (Names of Prescriptions are required), and the Amount of the Service or Supply. Receipts for eligible over-the-counter (OTC) drugs or medicines must include the same information but the type of Supply and the Patient's Name may be hand written on the receipt by the participant if necessary. If necessary please add additional pages.

**EFFECTIVE JANUARY 1, 2011** The cost of Over-The-Counter medicines may not be reimbursed through a Health FSA, HRA, HSA, unless the medicine is prescribed by a Physician. Copy of prescription from Physician is required.

Name of Patient or Dependent	Date(s) of Service	Name of Provider or Merchant	Type of Service or Supply	Medical Care Charge for each service/supply	Flex Card Purchase Substantiation
<b>Total</b>					

☐ As requested, a letter of medical necessity is included. ☐ A letter of medical necessity is on file.

**Dependent Care:** Dependent Care receipts must include the Name of the Provider, Dates of Service, Name of the Dependent(s), Fee for Service or you may have your Dependent Care Provider complete and sign below (Original Signature required).

Date(s) of Service: (to &amp; from) \_\_\_\_\_ Amount to be reimbursed: \_\_\_\_\_

Dependent(s) Name: \_\_\_\_\_ Dependent(s) Date of Birth: \_\_\_\_\_

Dependent Care Provider Name and Tax ID #: \_\_\_\_\_

Dependent Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dependent Care expenses for the care of a qualifying individual that are for the purpose of enabling the employee and the spouse, when applicable, to be gainfully employed or a full-time student are eligible. Dependent Care may not be reimbursed while on Leave of Absence (LOA). *Exception for short, temporary absences.* An absence of no more than 2 consecutive calendar weeks is considered a short, temporary absence. A taxpayer who is gainfully employed is not required to allocate expenses during a short, temporary absence from work, such as for vacation or minor illness, provided that the caregiving arrangement requires the taxpayer to pay for care during the absence.

**The following reimbursement request rules apply:** Medical Care and Dependent Care expenses must be incurred within the appropriate Plan Year. See Plan Specific page for eligibility requirements. Photocopies of receipts are acceptable. Please retain a copy of all receipts for your own records. *Cancelled checks are not acceptable receipts.* This form must be signed and submitted with applicable receipts.



## Dependent/Spouse Card Request Form

I. Employer Name: **State of Indiana - 580**

Employee Name: \_\_\_\_\_  
(Please Print) FIRST MI LAST

Employee SSN: \_\_\_\_\_ Employee Email Address: \_\_\_\_\_

II. Please issue BPS Benefits Card® Flex Card™ to the spouse/dependent(s) listed below. I understand that it is my responsibility to maintain all records necessary to substantiate the eligibility of all items/services purchased with the Flex Card by my dependent(s). Must be age 18 or older.

Name: Spouse or Dependent	Social Security Number (REQUIRED)	Date of Birth	Yes, order an additional debit card.	No, <u>do not</u> order an additional debit card.

### III. I UNDERSTAND AND AGREE THAT:

I accept responsibility that all Flex Card transactions of my above-listed spouse/dependent(s) are for expenditures incurred within the Plan Year. Each time the Flex Card is presented for payment, the signed receipt will evidence that the expense has been incurred and reaffirming that it is a qualified expenditure that has not been reimbursed, nor will any reimbursement be sought from any other source. Upon request, I will immediately submit any required documentation and/or transaction detail. I understand that if the Flex Card is used for purchases other than qualified expenditures, I have violated this Agreement and my obligations under my Employer's Plan. I understand that, upon notification, I must immediately re-pay the expense to the Account and that my Flex Card(s) may be immediately suspended or revoked for such failure to comply.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## DIRECT DEPOSIT AUTHORIZATION FORM - Employee

### FOR THE FLEXIBLE BENEFITS PLAN

Employee Name \_\_\_\_\_

Employee SSN \_\_\_\_\_

Employer : State of Indiana - 580

I hereby authorize and request the Key Family of Companies to initiate credit entries to the account indicated below:

\_\_\_\_\_ Checking Account                      \_\_\_\_\_ Savings Account

Account Number \_\_\_\_\_

Bank ACH Transit Routing Number \_\_\_\_\_

Depository \_\_\_\_\_  
(Bank Name)

Branch \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

This authorization will remain in effect until written notice is received by the Key Family of Companies that terminates this authorization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

CHECKING ACCOUNT – A VOIDED CHECK MUST BE ATTACHED  
SAVINGS ACCOUNT – A WITHDRAWAL SLIP MUST BE ATTACHED

Please attach a voided check (or withdrawal slip for savings account). If this is not available you must obtain the correct ACH transit routing number and bank account number from your bank.

**Mail to: Key Benefit Administrators P.O. Box 55210 Indianapolis, IN 46205**

**Call: 800-558-5553 \* 317-284-7150**

**Fax: 866-241-1488 \* 317-284-7269**

**Email: [Flexpro@keybenefit.com](mailto:Flexpro@keybenefit.com)**



**Key Benefit Administrators P.O. Box 55210 Indianapolis, IN 46205 800-558-5553**